

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NU	76534	08-2-00
O.I.P.E. CLASSIFIER	✓		8-5-00
FORMALITY REVIEW	HS.	545	9-14-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	08/24/00
2	✓	✓	10/01/00
3	✓	✓	10/01/00
4	✓	✓	10/01/00
5	✓	✓	10/01/00
6	✓	✓	10/01/00
7	✓	✓	10/01/00
8	✓	✓	10/01/00
9	✓	✓	10/01/00
10	✓	✓	10/01/00
11	✓	✓	10/01/00
12	✓	✓	10/01/00
13	✓	✓	10/01/00
14	✓	✓	10/01/00
15	✓	✓	10/01/00
16	✓	✓	10/01/00
17	✓	✓	10/01/00
18	✓	✓	10/01/00
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25	✓	✓	10/01/00
26	✓	✓	10/01/00
27	✓	✓	10/01/00
28	✓	✓	10/01/00
29	✓	✓	10/01/00
30	✓	✓	10/01/00
31	✓	✓	10/01/00
32	✓	✓	10/01/00
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42	✓	✓	10/01/00
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44	✓	✓	10/01/00
45	✓	✓	10/01/00
46	✓	✓	10/01/00
47	✓	✓	10/01/00
48	✓	✓	10/01/00
49	✓	✓	10/01/00
50	✓	✓	10/01/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

BEST AV